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CONFIRMATION NO. 9766

<b>SERIAL NUMBER</b> 10/749,675	<b>FILING OR 371(c) DATE</b> 12/30/2003 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 1985US2
<b>APPLICANTS</b> Clifford J. Snyder, Fort Collins, CO; Gary L. Sokol, Longmont, CO; Roberta L. Callaghan, Fort Collins, CO;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/437,300 12/31/2002 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/03/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 28
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 20686				
<b>TITLE</b> Hand held oral irrigator				
<b>FILING FEE RECEIVED</b> 1344	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	